



INTRASTATE CERTIFICATE OF AUTHORITY APPLICATION
LIMOUSINE CARRIER

PART 1. APPLICANT INFORMATION

1. Full Legal Name (Insurance and legal documents must match this name):

2. Business Mailing:

Street: _____

City: _____ State: _____ Zip Code: _____

County _____

Telephone: (_____) _____ Fax Number: (_____) _____

Web Page Address: _____

E-Mail Address: _____

3. Indicate the type of facility located at this address: (Choose all that apply)

☐ Office ☐ Garage ☐ Home ☐ Other (specify) _____

4. Representative information to which correspondence or inquires should be directed:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

5. Type of limousine carrier of passengers operation: (Check all that apply)

<input type="checkbox"/> Reservation Operations (i.e. Charters, rental, contract)	<input type="checkbox"/> Funeral Operations
<input type="checkbox"/> On Call, Demand Operations (i.e. Similar to taxi operations, etc.)	<input type="checkbox"/> Employee Shuttle Operations
<input type="checkbox"/> Regular Route Line Run Operations	<input type="checkbox"/> Other _____

6. Form of Business:

☐ Sole Proprietorship, with the person doing business being: _____

☐ Partnership, with the persons doing business being: _____

With the partners being: _____

☐ Corporation, Operating under the Assumed Name of: _____

State of Incorporation: _____ Year of Incorporation _____

☐ Limited Liability Corporation (LLC), Operating under the Assumed Name of: _____

7. Carrier owners and principals are:

Name/Title:	Address:	City & State:	Zip:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Federal I.D. Number: _____

If sole proprietorship enter Owners Social Security Number: _____

9. Other office or garage locations not listed above:

10. Type of carrier operation:

- ☐ Intra-State (Only Within Michigan's Borders)
- ☐ Intra-State and Inter-State (Within and Across Michigan's Borders)
- ☐ Current Federal Number Issued _____ USDOT # _____
- ☐ Applied to FMCSA and awaiting number(s)
- ☐ Future Application Possible

11. Verification:

I, (print) _____ verify that all information supplied on this form or relating to this Application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements. Furthermore, by signing this application, and as a condition to receiving a license (Certificate of Authority) to operate from the State of Michigan, all limousine applicants who will operate a Class B Limousine (less than seven (7) passengers, including the driver) at any time within the City of Detroit city limits for the purpose of picking up passengers, hereby agrees to comply with that cities vehicle for-hire ordinance pursuant to the requirements of MCL 257.1907 being Section 7 of Public Act 271 of 1990, the Limousine Transportation Act.

Signature of Applicant: _____ Title: _____

Date: _____

12. Mailing Instructions:

Mail the completed Application Form, Equipment Vehicle Roster, check or money order for payment of application fee and registration fees, inspection report(s), and any other documents to:

**MICHIGAN DEPARTMENT OF TRANSPORTATION
BUREAU OF URBAN AND PUBLIC TRANSPORTATION
LIMOUSINE REGULATORY SERVICES B425
POST OFFICE BOX 30050
425 WEST OTTAWA
LANSING, MICHIGAN 48909**

MICHIGAN DEPARTMENT OF TRANSPORTATION

EQUIPMENT VEHICLE ROSTER

INSTRUCTIONS :

- I. REGISTER ALL** revenue motor vehicles having a manufacturers rated seating capacity of fifteen (15) persons or less, including the driver.
- II. COMPLETE** safety inspection information for each vehicle listed. Registration **will not** be processed if a safety inspection has not been completed within the previous twelve (12) months.
- III. ENCLOSE PAYMENT** for registration fee of \$50.00 (per vehicle). Checks must be made out "State of Michigan" and noted "Limousine Registration."

COMPLETE AND RETURN TO:

Michigan Department of Transportation
Regulatory Unit - Limousine Section
Passenger Transportation Division/UPTRAN
P.O. Box 30648
Lansing, Michigan 48909

Fleet No.	Year	Make	Model	Vehicle Type (see code)	Vehicle Color	Vehicle Identification Number	Current License No.	Seating Capacity w/driver	Inspection Date	(MDOT staff only)

Code

1. Automobile
2. Van
3. Coach
4. School Bus Type
5. Other

Company Name: _____

Company Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Federal I.D. _____